

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90202 020 \*\*\*150.00

**DOCUMENT # P98000086807**

1. Entity Name

**SHANTERI MARKETING, INC.**



Principal Place of Business  
1952 W. MARTIN LUTHER KING  
TAMPA FL 33607  
US

Mailing Address  
1952 W. MARTIN LUTHER KING BLVD  
TAMPA FL 33607  
US



2. Principal Place of Business

**4812 Elon Crescent**

3. Mailing Address

**4812 Elon Crescent**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lakeland FL**

City & State

**Lakeland FL**

4. FEI Number **59-3536110**

Applied For

Not Applicable

Zip

**33810**

Country

**U.S.**

Zip

**33810**

Country

**U.S.**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KERNS, SHANNON D  
1318 RIVAGE CIRCLE  
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **SHANNON KERNS**  
Street Address (P.O. Box Number is Not Permitted)  
**4812 Elon Crescent**  
City **Lakeland FL** Zip Code **33810**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KERNS, SHANNON D</b>	
STREET ADDRESS	<b>1318 RIVAGE CIRCLE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHANNON D KERNS</b>	
STREET ADDRESS	<b>4812 Elon Crescent</b>	
CITY-ST-ZIP	<b>Lakeland FL 33810</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE: SHANNON KERNS**

Date

Daytime Phone #

**4/5/03 813 679 0012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)